



Please note:

"All submissions are subject to the District Manager's approval. Completing and submitting this form does not mean your plan has been approved. An approval or disapproval letter will be mailed from the local MSHA office."

MINE RESCUE SERVICE PROVIDER
30 CFR 49

(Date)

District Manager, District 5
Mine Safety and Health Administration
P.O. Box 560
Norton, VA 24273

Dear Sir:

An agreement has been entered into with _____
_____ to provide service of mine rescue
teams for _____
(Mine No. or Name)

I.D. No. 44-0 _____,
(Company Name)

The provider's rescue station, located in _____,
Virginia, is no more than 2 hours ground travel time from the mine.

This letter is submitted in compliance with Section 49.2(h), 30 CFR 49, and the above
information has been posted at the mine.

ACKNOWLEDGED:

(Signature and Title - Company Official)

District Manager

Date

(Company's Address)